

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/15/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARMA CARE CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS  The following citations represents the finding of a Non-Compliant Revisit	S 000			
{S 600} SS=C	28-39-158(a) DIETARY SERVICES  Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations.  (a) Staffing.  (1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate time for planning and supervision.  (2) The nursing facility shall implement written policies and procedures for all functions of the dietetic services department. The policies and procedures shall be available for use in the department.  Note: The dietetic services supervisor shall meet the requirements as stated in K.A.R. 28-39-144(r)(1) through (4)	{S 600}			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{S 600}	<p>Continued From Page 1</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 24 residents. Based on observation and interview, the facility failed to retain the services of a certified dietary manager to perform managerial duties, overseeing the dietary staff in the maintenance of a clean and sanitary dietary department, for food storage, preparation, and service to the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During the tour of the dietary department, on 1/13/15 at 10:00 AM, dietary staff B reported he/she was not a certified dietary manager at that time. Furthermore, he/she stated had 4 more classes and would need to take the required test to become certified.</li> </ul> <p>On 1/13/15 at 5:00 PM, administrative staff A stated the dietary manager had a few more classes and then he/she would be done, and can take the required test to become certified.</p> <p>The facility failed to maintain the services of a certified dietary manger to assure a clean and sanitary dietary department for the storage, preparation, and serving of food products to the residents of the facility.</p>	{S 600}			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.